

MULTIPLE DEPEN
CLAI
FEE CALCULATION SHEET
(FOR USE WITH FO XTO-875)

CLAIM

SERIAL NO.

FILING DATE

U / 567754

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	↓	←	↓	←	↓	←
TOTAL CLAIMS	8	↓	↓	↓	↓	↓

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	↓	←	↓	←	↓	←
TOTAL CLAIMS	8	↓	↓	↓	↓	↓